

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on

this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

COMMITTEE INFORI	MATION		A SHEET AND SHEET AND SHEET
1. Full name of committee (as on Statement of Organization)			
RON WILKE FOR WESTFIELD TOWN	N Cou	Neil	
2. Acronym or abbreviated name, if any		telephone number	negroup all based nations.
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2939 CURRY LN:			and the control of the State of
5. City, state, ZIP code		tion (if applicable)	THIS AREADMENT?
CARMEL, 12, 46033		PUBLICAN	s al betlimous notinimoti
CANDIDATE INFORMATION (For Cand			
7. Full name of candidate (include any nickname)		tion or if independent	1-A7O meRi silunteriO 1
RONALD ELEGAE WILKE		PUBLICAN	
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of		Fight 2 Enter the accommo
WESTFIELD TOWN COUNCIL DISTRICT	HA	LILTON	
TYPE OF REPORT		Contract of the Party of the Pa	N CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, an		Check one:	
- A contract of the contract block of our and account many our even Plantices, we consider a contract of the regular and property of the	d 20 must be "0"	The second secon	The Branch and sent a board
Undoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting period:	edition and files to	☐ Post-Conventi	THE RESIDENCE OF THE PARTY OF T
From: 2-13-03 Through: 4-11-03	The same of the same of	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		6	rear to bate
14. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contri	ibutions \		
15a. Itemized (use Schedule A)	ibudona.)	3075,00	3075.00
15b. Unitemized	ambibas an	no (Magr <u>a As el</u> etibres 44) i	Firmer St. and and St. Fill
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	3075.00	3=75,00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	3075.00	3675.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	har bankelink bi	1085.32	1085.32
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	CONTRACTOR OF STREET	1083.5	1003.16
17b. Uniterrized .	vec-luciding a	COLUMN TENTO COLUMN TENTO	California de comparte de comparte
17c. Add lines 17a and 17b in both columns	SUBTOTAL	1085.32	1085.32
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both col	umns) TOTAL	1989.68	1989.68
19. Debts OWED BY the committee (use Schedule D)		ev ens quantización estate estate. Se estate estate estate estate estate	
20. Debts OWED TO the committee (use Schedule E)	Caty Council	,	
Zu. Debis Office for the committee (use Screenie C)			

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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

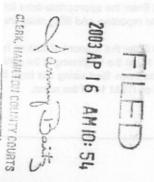
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Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRACT		120-
Page	3	_of / 6

	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
	ROD WICKE 2939 CURRT LN	Contributions: Diffect In-Kind (describe)	100,00	iba galikara bas	3-21-03
	CARMEC, IN. 46033	Other Receipts: Interest Loan Misc (specify)	Bell year to make the service of the	inter the occupation of the occupation for other others.	RON
ont	ributor's Occupation (if required)	_			
-	THOMAS 60 (N) 5 3890 E. 1915 ST	Contributions: Direct In-Kind (describe)	300.00	NOTTUBIS	7.21-03
	NOBCESUILLE, 112, 46060	Other Receipts:	EAR-TO-DA		RON
ontr	ibutor's Occupation (if required)	The second second second second			willes
-	STEVE MITCHELL	Contributions: -Birect -In-Kind (describe)	25.00	pet of each	4-3-03
	120PLS, 12. 46268	Other Receipts: Interest □Loan Misc (specify)	ney anter, NOT counts is accoun	st chack or mo ceived when	RON
ontr	ibutor's Occupation (if required)	on beyeast one teams	m sernmon	ani taind	to days
	of Schedule A. If there is only one page of this Schedule.	Contributions: Direct In-Kind (describe)	SHEDULE A	PAGE OF S	OTAL THIS
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		Other Receipts: Interest □Loan Misc (specify)	i no mugh sich	A Also ente	eges on Sched
ontr	butor's Occupation (if required)	_			
		Contributions: Direct In-Kind (describe)			
		Other Receipts:			
intro	butor's Occupation (if required)				
					NAME OF THE OWNER, WHEN
		L THIS PAGE OF SCHEDULE A E A ON THE LAST PAGE ONLY	\$ 425,00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
ADDRESS (street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
FLYNN & ZINKAN 5332 N. TEMPLE AUG	Contributions:	300,00	300,00	4-4-03
120PCS. 12, 46220	Other Receipts: Interest □Loan □ Misc (specify)	oficialines a	gonalna nagy	REN
CUSTON CONCRETE 2816 W. 193RD ST	Contributions:	600,00	6000	4-4-03
WESTFIELD, 12. 46074	Other Receipts: Interest □ Loan □ Misc (specify)	EAR-TO-D	NULATIVE !	ROP
ROJ Custon Harris	Contributions: Direct In-Kind (describe)	500.00	500,00	4-4-03
P.O.BOX 782 WESTFIELD, W. 46078	Other Receipts: Interest □ Loan Misc (specify)	estimmo	narw bevield	RON
LUSFORD REAL & STATE 105 E. MAIN ST	Contributions: ②Direct □In-Kind (describe)	100,00	100.00	4-4-03
WESTFIELD, IN. 46074	Other Receipts: Interest Loan Misc (specify)	so erupt and sc	ne cula A sua	RON
C, L: LLC.	Contributions: Direct In-Kind (describe)	100.00		4-4-=3
NESTELELD (IN 46074	Other Receipts:			NUKE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBER	
Page	4	of 15	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED B
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	HOMEPAC P. O. BOX 44670	Contributions: Direct In-Kind (describe)	500 00	500,00	4-9-03
	P. O. BOX 44670 INDPUS, IN 46244-0670	Other Receipts:	o la le assure		RON
2.	The linearistics to the this felt make of the contributor	Contributions: Direct In-Kind (describe)	MSQ over one	eedune zobuło	i ent (sethni
		Other Receipts:	ESHTO RO	TRIBUTION Suppose the suppose	PE OF CON
3.		Contributions: Direct In-Kind (describe)	LOT.SARV	ENTA BIEN	IA A MMU.R
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L .	resided or deposited in an account. For cash contributions, the headed or deposited in an account namber, NOT when mailed or deposited in an account.	Contributions: Direct In-Kind (describe)	ioney order, k n cash is ace	the check of the check of the	avigoen eetimi ens snoitudhu
	the contribution for the committee (IC 3-9-1-25) page of Schedule A. If there is only one page of the Schedule	Other Receipts: Interest □Loan □ Misc (specify)	SCHEDULE L OF ALL PAGE	Y: Enter this Series the Series of the Serie	AT JATOTE Sport is the sa
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		Other Receipts:			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1. JOHN KILET 302 E MAIN ST	Contributions:	202,00	200,00	4-4-03
WESTFIELD, 12, 46074	Other Receipts:			ROP
C. H. LAND, LLC 12401 OLD RERIDIAN AUX	Contributions: Direct In-Kind (describe)	250.00	250.00	4-4-03
CARMEC, 12 46033	Other Receipts: Interest □ Loan Misc (specify)	negudhines s R OTHER I	enheine nen UBUTION C	ZON
EXCAUATING SPECIALISTS, LLC	Contributions: Direct In-Kind (describe)	100,30	100.00	4-4-03
P.D. BOX 444 WESTFIELD, IN 46074	Other Receipts:	AG-OT-9A3	ULATIVE Y	ROD
ceived. For obsolut and money orders judicate the date the side of deposited in an account. For cash contributions, the most, MOT when mailed or deposited in an account.	Contributions: Direct In-Kind (describe)	nth, day, and y ay order, WOT	Enter the me a chack or me	RECEIVED
he contribution for the committee. (IC 3-9-1-25) age of Schedule A. If there is only one page of this Schedule.	Other Receipts: Interest □Loan Misc (specify)	m estimmos A 3.WG3KS	Enter the PAGE OF S	EIVED BY
ONBLY'S Enter (ON THE LAST PAGE OWLY) the to as anount meet.	Contributions: Direct In-Kind (describe)	MEDULE A	LGES OF SIGN	to is the center. L OF ALL Pages on Schedu
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 (CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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WESTERNO WASHINGTON	State of Sta	Direct In-Kind Payment of Debt Returned Contribution Other	35,00	35.00	3-21-03
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CAUE PRINTING	The det provide TAL OF THIS PAGE OF BCS	Direct In-Kind Payment of Debt Returned Contribution Other	26.74	2676	3-28-03
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	e di Perendi P Perendi Perendi	UBLIC QUESTION INFORMATION	agna fi as noli	seup Siduq ed	To had only
Type of Question: Statewide Lo	ocal lesso	the public question is statewide or I			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITUR
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDI BALANCE TI PERIOD
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99)	
Indiana Election Commission (IC 3-9-	5-14)
Approved by State Board of Accounts	1999

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS(if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
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